

# Wisconsin Medicaid and BadgerCare update

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PHC 1772

Wisconsin Medicaid and BadgerCare Information for Providers

To:

Dentists

HMOs and Other  
Managed Care  
Programs

## Revised dental maximum fee schedule

The Attachment to this *Update* is a revised dental maximum fee schedule that includes the American Dental Association "0" (zero) and the new "D" procedure codes.

The maximum fee schedule in Attachment 1 of this *Update* includes all changes listed in the August 2000 *Wisconsin Medicaid and BadgerCare Update* (2000-15), titled "Changes to dental procedure codes." For more information on the transition from "0" to "D" codes and recently added procedures (shown in bold in the Attachment), refer to *Update* 2000-15.

The maximum fee schedule in Attachment 1 replaces the maximum fee schedule found in the April 2000 *Wisconsin Medicaid and BadgerCare Update* (2000-13), titled "Corrections to dental maximum fees and copayments."

*Reminder:* For dates of service through June 30, 2001, dentists may submit claims to Wisconsin Medicaid using either the "0" procedure codes or the new "D" procedure codes.

This *Update* applies to fee-for-service Medicaid providers only. If you are a Medicaid HMO network provider, contact your managed care organization for more information about its billing procedures and reimbursement.

Wisconsin Medicaid HMOs are required to provide at least the same benefits for enrollees as those provided under fee-for-service arrangements.

The *Wisconsin Medicaid and BadgerCare Update* is the first source of program policy and billing information for providers.

Although the *Update* refers to Medicaid recipients, all information applies to BadgerCare recipients also.

Wisconsin Medicaid and BadgerCare are administered by the Division of Health Care Financing, Wisconsin Department of Health and Family Services, P.O. Box 309, Madison, WI 53701-0309.

For questions, call Provider Services at (800) 947-9627 or (608) 221-9883 or visit our Web site at [www.dhfs.state.wi.us/medicaid/](http://www.dhfs.state.wi.us/medicaid/).

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# ATTACHMENT

## Dental Maximum Fee Schedule

### Diagnostic Services

Procedure Code	Description of Service	FY 00 Children's Max Fee (0-20 yrs)	FY 00 Adult Max Fee (21+ yrs)	FY 00 Copayment (18 yrs +)
<b>Clinical Oral Examinations:</b>				
D0120 or 00120	Periodic Oral Examination	\$15.42	\$12.73	\$1.00
D0150 or 00150	Comprehensive Oral Evaluation	\$20.52	\$19.33	\$1.00
D0160 or 00160	Detailed and extensive oral evaluation-problem focused, by report	\$52.61	\$44.10	\$2.00
W7130	TMJ Office Visit	\$44.81	\$39.68	\$2.00
<b>Radiographs:</b>				
D0210 or 00210	Intraoral, complete series (including bitewings)	\$44.67	\$42.08	\$2.00
D0220 or 00220	Intraoral - periapical, first film	\$7.80	\$7.35	\$0.50
D0230 or 00230	Intraoral - periapical, each additional film	\$5.70	\$5.34	\$0.50
D0240 or 00240	Intraoral - occlusal film	\$10.89	\$8.35	\$0.50
D0250 or 00250	Extraoral - first film	\$17.35	\$12.35	Not applicable
D0260 or 00260	Extraoral - each additional film	\$18.19	\$7.37	Not applicable
D0270 or 00270	Bitewing - single film	\$7.88	\$6.86	\$0.50
D0272 or 00272	Bitewings - two films	\$12.97	\$12.22	\$1.00
D0274 or 00274	Bitewings - four films	\$17.41	\$16.54	\$1.00
D0330 or 00330	Panoramic Film	\$39.20	\$36.92	\$2.00
D0340 or 00340	Cephalometric Film	\$29.95	\$28.21	\$2.00
D0350 or 00350	<b>Oral/facial images (includes intra- and extra-oral images)</b>	\$23.00	Not applicable	\$1.00
<b>Tests and Laboratory Examinations:</b>				
D0470 or 00470	Diagnostic Casts	\$31.32	\$29.50	\$2.00

# Preventive Services

Procedure Code	Description of Service	FY 00 Children's Max Fee (0-20 yrs)	FY 00 Adult Max Fee (21+ yrs)	FY 00 Copayment (18 yrs +)
<b>Dental Prophylaxis:</b>				
D1110 or 01110	Prophylaxis - adult, payable for allowable ages greater than 12	\$27.69	\$26.08	\$2.00
D1120 or 01120	Prophylaxis - child, payable for allowable ages less than 13	\$22.61	Not applicable	Not applicable
<b>Topical Fluoride Treatment (Office Procedure):</b>				
D1201 or 01201	Topical application of fluoride (including prophylaxis) - child	\$33.63	Not applicable	Not applicable
D1203 or 01203	Topical application of fluoride (prophylaxis not included) - child	\$12.48	Not applicable	Not applicable
D1204 or 01204	Topical application of fluoride (prophylaxis not included) - adult	\$13.04	\$11.40	\$1.00
D1205 or 01205	Topical application of fluoride (including prophylaxis) - adult	\$37.78	\$34.73	\$2.00
<b>Other Preventive Services:</b>				
D1351 or 01351	Sealant - per tooth	\$16.62	Not applicable	\$1.00
<b>Space Maintenance (Passive Appliances):</b>				
D1510 or 01510	Space maintainer - fixed - unilateral	\$96.28	Not applicable	\$3.00
D1515 or 01515	Space maintainer - fixed - bilateral	\$159.94	Not applicable	\$3.00
D1550 or 01550	Recementation of space maintainer	\$23.01	Not applicable	\$1.00

# Restorative Services

Procedure Code	Description of Service	FY 00 Children's Max Fee (0-20 yrs)	FY 00 Adult Max Fee (21+ yrs)	FY 00 Copayment (18 yrs +)
<b>Amalgam Restorations (Including Polishing):</b>				
D2110 or 02110	Amalgam - 1 surface, primary	\$31.80	\$29.95	\$2.00
D2120 or 02120	Amalgam - 2 surfaces, primary	\$41.20	\$38.81	\$2.00
D2130 or 02130	Amalgam - 3 surfaces, primary	\$46.98	\$44.26	\$2.00
D2140 or 02140	Amalgam - 1 surface, permanent	\$33.84	\$31.88	\$2.00
D2150 or 02150	Amalgam - 2 surfaces, permanent	\$43.60	\$41.07	\$2.00
D2160 or 02160	Amalgam - 3 surfaces, permanent	\$54.73	\$51.55	\$3.00
<b>Resin Restorations:</b>				
D2330 or 02330	Resin - 1 surface, anterior	\$40.04	\$37.72	\$2.00
D2331 or 02331	Resin - 2 surfaces, anterior	\$50.85	\$47.90	\$2.00
D2332 or 02332	Resin - 3 surfaces, anterior	\$61.40	\$57.84	\$3.00
D2335 or 02335	Resin - 4 or more surfaces or involving incisal angle (anterior)	\$71.76	\$67.60	\$3.00
D2380 or 02380	Resin - 1 surface, posterior primary	\$42.50	\$40.03	\$2.00
D2381 or 02381	Resin - 2 surfaces, posterior primary	\$51.35	\$48.38	\$2.00
D2382 or 02382	Resin - 3 or more surfaces, posterior primary	\$59.05	\$55.63	\$3.00
D2385 or 02385	Resin - 1 surface, posterior permanent	\$44.14	\$41.58	\$2.00
D2386 or 02386	Resin - 2 surfaces, posterior permanent	\$58.01	\$54.65	\$3.00
D2387 or 02387	Resin - 3 or more surfaces, posterior permanent	\$73.51	\$69.25	\$3.00
<b>Other Restorative Services:</b>				
D2910 or 02910	Recement inlay	\$26.85	\$25.01	\$2.00
D2920 or 02920	Recement crown	\$27.32	\$25.74	\$2.00
D2930 or 02930	Prefabricated stainless steel crown (SSC) primary tooth	\$85.45	\$80.49	\$3.00
D2931 or 02931	Prefabricated stainless steel crown (SSC) permanent tooth	\$93.26	\$87.53	\$3.00
D2932 or 02932	Prefabricated resin crown	\$113.07	\$97.88	\$3.00
D2933 or 02933	Prefabricated stainless steel crown with resin window	\$114.75	\$106.40	\$3.00
<b>Upgraded Cast Crown:</b>				
W7126	Upgraded crown	\$114.75	\$106.40	\$3.00
D2940 or 02940	Sedative filling	\$28.43	\$24.53	\$1.00
D2951 or 02951	Pin retention - per tooth, in addition to restoration	\$14.29	\$13.34	\$1.00
D2952 or 02952	<b>Cast post and core in addition to crown</b>	\$116.80	\$110.00	\$3.00
D2954 or 02954	<b>Prefabricated post and core in addition to crown</b>	\$108.30	\$102.00	\$3.00

## Endodontic Services

Procedure Code	Description of Service	FY 00 Children's Max Fee (0-20 yrs)	FY 00 Adult Max Fee (21+ yrs)	FY 00 Copayment (18 yrs +)
<b>Pulpotomy</b>				
D3220 or 03220	Therapeutic pulpotomy (excluding final restoration)	\$46.56	\$43.86	\$2.00
D3221 or 03221	<b>Gross pulpal debridement, permanent teeth only</b>	\$47.03	\$44.30	\$2.00
<b>Root Canal Therapy (including Treatment Plan, Clinical Procedures, and Follow-Up Care):</b>				
D3310 or 03310	Anterior (excluding final restoration)	\$203.14	\$191.37	\$3.00
D3320 or 03320	Bicuspid (excluding final restoration)	\$250.29	\$235.78	\$3.00
D3330 or 03330	Molar (excluding final restoration)	\$320.68	\$302.09	\$3.00
D3351 or 03351	Apexification/recalcification - (apical closure/calcific repair of perforations, root resorption, etc.)	\$80.48	Not applicable	\$3.00
W7116	Open tooth for drainage	\$39.05	\$36.78	Not applicable
<b>Periapical Services:</b>				
D3410 or 03410	Apicoectomy/periradicular surgery - anterior	\$214.12	\$201.71	\$3.00
D3430 or 03430	Retrograde filling - per root	\$63.76	\$58.18	\$3.00

## Periodontic Services

Procedure Code	Description of Service	FY 00 Children's Max Fee (0-20 yrs)	FY 00 Adult Max Fee (21+ yrs)	FY 00 Copayment (18 yrs +)
<b>Surgical Services (including Usual Postoperative services):</b>				
D4210 or 04210	Gingivectomy or gingivoplasty - per quadrant	\$268.66	\$224.11	\$3.00
D4211 or 04211	Gingivectomy or gingivoplasty, per tooth	\$58.43	\$49.08	\$2.00
D4341 or 04341	Periodontal scaling and root planing, per quadrant	\$79.14	\$74.55	\$3.00
D4355 or 04355	Full mouth debridement to enable comprehensive periodontal evaluation and diagnosis	\$72.04	\$67.86	\$3.00
D4910 or 04910	Periodontal maintenance procedures (following active therapy)	\$46.20	\$42.53	\$2.00
W7118	Treat periodontal abscess	\$29.99	\$28.25	Not applicable

# Removable Prosthodontic Services

Procedure Code	Description of Service	FY 00 Children's Max Fee (0-20 yrs)	FY 00 Adult Max Fee (21+ yrs)	FY 00 Copayment (18 yrs +)
<b>Complete Dentures (including Routine Post-Delivery Care):</b>				
D5110 or 05110	Complete denture - maxillary	\$453.75	\$424.50	\$3.00
D5120 or 05120	Complete denture - mandibular	\$456.20	\$424.79	\$3.00
<b>Partial Dentures (including Routine Post-Delivery Care):</b>				
D5211 or 05211	Maxillary partial denture - resin base (including any conventional clasps, rests, and teeth)	\$393.55	\$343.88	\$3.00
D5212 or 05212	Mandibular partial denture - resin base (including any conventional clasps, rests, and teeth)	\$409.28	\$364.25	\$3.00
W7127	Upgraded upper partial denture (including any conventional clasps, rests, and teeth)	\$393.55	\$343.88	\$3.00
W7128	Upgraded lower partial denture (including any conventional clasps, rests, and teeth)	\$409.28	\$364.25	\$3.00
<b>Repairs to Complete Dentures:</b>				
D5510 or 05510	Repair broken complete denture base	\$47.28	\$44.54	\$2.00
D5520 or 05520	Repair missing or broken teeth - complete denture (each tooth)	\$39.36	\$36.82	\$2.00
<b>Repairs to Partial Dentures:</b>				
D5610 or 05610	Repair resin denture base	\$50.99	\$48.04	\$2.00
D5620 or 05620	Repair cast framework	\$68.88	\$65.40	\$3.00
D5630 or 05630	Repair or replace broken clasp	\$66.47	\$57.24	\$3.00
D5640 or 05640	Replace broken teeth - per tooth	\$47.18	\$44.44	\$2.00
D5650 or 05650	Add tooth to existing partial denture	\$59.78	\$56.32	\$3.00
D5660 or 05660	Add clasp to existing partial denture	\$70.73	\$66.63	\$3.00
<b>Denture Reline Procedures:</b>				
D5750 or 05750	Reline complete maxillary denture (laboratory)	\$150.53	\$133.66	\$3.00
D5751 or 05751	Reline complete mandibular denture (laboratory)	\$150.81	\$133.04	\$3.00
D5760 or 05760	Reline maxillary partial denture (laboratory)	\$151.50	\$126.79	\$3.00
D5761 or 05761	Reline mandibular partial denture (laboratory)	\$148.80	\$131.79	\$3.00
<b>Maxillofacial Prosthetics:</b>				
D5932 or 05932	Obturator prosthesis, definitive	\$514.48	\$449.28	\$3.00
D5955 or 05955	Palatal lift prosthesis, definitive	\$1,276.50	\$1,202.50	\$3.00
D5999 or 05999	Unspecified maxillofacial prosthesis, by report	61J	61J	\$3.00

KEY: 61J - This code is manually priced for reimbursement of dental services.

# Fixed Prosthodontic Services

Procedure Code	Description of Service	FY 00 Children's Max Fee (0-20 yrs)	FY 00 Adult Max Fee (21+ yrs)	FY 00 Copayment (18 yrs +)
<b>Other Fixed Prosthetic Services</b>				
D6545 or 06545	Retainer - cast metal for resin-bonded fixed prosthesis	\$149.21	\$140.56	\$3.00
D6930 or 06930	Recement fixed partial denture	\$44.32	\$41.75	\$2.00
D6940 or 06940	Stress breaker	61J	61J	\$3.00
D6980 or 06980	Fixed partial denture repair, by report	\$155.25	\$146.25	\$3.00
W7310	Fixed prosthodontic retainer	\$354.57	\$334.01	\$3.00
W7320	Fixed prosthodontic pontic	\$344.66	\$324.68	\$3.00

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# Oral and Maxillofacial Surgery Services

Procedure Code	Description of Service	FY 00 Children's Max Fee (0-20 yrs)	FY 00 Adult Max Fee (21+ yrs)	FY 00 Copayment (18 yrs +)
<b>Extractions (includes Local Anesthesia and Routine Post-Operative Care):</b>				
D7110 or 07110	Single tooth	\$40.91	\$38.53	\$2.00
<b>Surgical Extractions (includes Local Anesthesia and Routine Post-Operative Care):</b>				
D7210 or 07210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth	\$88.88	\$83.72	\$3.00
D7220 or 07220	Removal of impacted tooth - soft tissue	\$102.38	\$96.44	\$3.00
D7230 or 07230	Removal of impacted tooth - partial bony	\$155.93	\$144.32	\$3.00
D7240 or 07240	Removal of impacted tooth - completely bony	\$179.39	\$168.75	\$3.00
D7250 or 07250	Surgical removal of residual tooth roots (cutting procedure)	\$81.18	\$75.97	Not applicable
<b>Other Surgical Procedures:</b>				
D7260 or 07260 or CPT	Oroantral fistula closure	\$300.84	\$283.40	\$3.00
D7270 or 07270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth and/or alveolus	\$95.91	\$95.91	\$3.00
D7280 or 07280	Surgical exposure of impacted or unerupted tooth for orthodontic reasons (including orthodontic attachments)	\$205.00	Not applicable	\$3.00
D7281 or 07281	Surgical exposure of impacted or unerupted tooth to aid eruption	\$132.69	Not applicable	\$3.00
D7285 or 07285 or CPT	Biopsy of oral tissue - hard	\$95.91	\$95.91	\$3.00
D7286 or 07286 or CPT	Biopsy of oral tissue - soft	\$102.26	\$96.33	\$3.00
<b>Removal of Tumors, Cysts, and Neoplasms:</b>				
D7430 or 07430 or CPT	Excision of benign tumor - lesion diameter up to 1.25 cm	\$152.59	\$131.99	\$3.00
D7431 or 07431 or CPT	Excision of benign tumor - lesion diameter greater than 1.25 cm	\$185.81	\$185.81	\$3.00
D7440 or 07440 or CPT	Excision of malignant tumor - lesion diameter up to 1.25 cm	61J	61J	\$3.00
D7441 or 07441 or CPT	Excision of malignant tumor - lesion diameter greater than 1.25 cm	61J	61J	\$3.00
D7450 or 07450 or CPT	Removal of odontogenic cyst or tumor - lesion diameter up to 1.25 cm	61J	61J	\$3.00
D7451 or 07451 or CPT	Removal of odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	61J	61J	\$3.00
D7460 or 07460 or CPT	Removal of nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm	61J	61J	\$3.00
D7461 or 07461 or CPT	Removal of nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm	61J	61J	\$3.00

KEY: CPT - Providers who are Wisconsin Medicaid certified as oral surgeons or oral pathologists or choose *Current Procedural Terminology* (CPT) billing must use a CPT code to bill for this procedure. Refer to Part B, Appendix 19, the dental handbook, for a list of covered CPT procedure codes.  
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# Oral and Maxillofacial Surgery Services

Procedure Code	Description of Service	FY 00 Children's Max Fee (0-20 yrs)	FY 00 Adult Max Fee (21+ yrs)	FY 00 Copayment (18 yrs +)
<b>Excision of Bone Tissue:</b>				
D7471 or 07470 or CPT	Removal of exostosis - maxilla or mandible per site	61J	61J	\$3.00
D7480 or 07480 or CPT	Partial ostectomy (guttering or saucerization)	61J	61J	\$3.00
D7490 or 07490 or CPT	Radical resection of mandible with bone graft	61J	61J	\$3.00
<b>Surgical Incision:</b>				
D7510 or 07510 or CPT	Incision and drainage of abscess - intraoral soft tissue	61J	61J	\$3.00
D7520 or 07520 or CPT	Incision and drainage of abscess - extraoral soft tissue	61J	61J	\$3.00
D7530 or 07530 or CPT	Removal of foreign body, skin, or subcutaneous areolar tissue	61J	61J	\$3.00
D7540 or 07540 or CPT	Removal of reaction-producing foreign bodies - musculoskeletal system	61J	61J	\$3.00
D7550 or 07550 or CPT	Sequestrectomy for osteomyelitis	61J	61J	\$3.00
D7560 or 07560 or CPT	Maxillary sinusotomy for removal of tooth fragment or foreign body	61J	61J	\$3.00
<b>Treatment of Fracture - Simple:</b>				
D7610 or 07610 or CPT	Maxilla - open reduction (teeth immobilized, if present)	61J	61J	\$3.00
D7620 or 07620 or CPT	Maxilla - closed reduction (teeth immobilized, if present)	61J	61J	\$3.00
D7630 or 07630 or CPT	Mandible - open reduction (teeth immobilized, if present)	61J	61J	\$3.00
D7640 or 07640 or CPT	Mandible - closed reduction (teeth immobilized, if present)	61J	61J	\$3.00
D7650 or 07650 or CPT	Malar and/or zygomatic arch - open reduction	61J	61J	\$3.00
D7660 or 07660 or CPT	Malar and/or zygomatic arch - closed reduction	61J	61J	\$3.00
D7670 or 07670 or CPT	Alveolus - stabilization of teeth, open reduction splinting	61J	61J	\$3.00
D7680 or 07680 or CPT	Facial bones - complicated reduction with fixation and multiple surgical approaches	61J	61J	\$3.00

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# Oral and Maxillofacial Surgery Services

Procedure Code	Description of Service	FY 00 Children's Max Fee (0-20 yrs)	FY 00 Adult Max Fee (21+ yrs)	FY 00 Copayment (18 yrs +)
<b>Treatment of Fractures - Compound:</b>				
D7710 or 07710 or CPT	Maxilla - open reduction	61J	61J	\$3.00
D7720 or 07720 or CPT	Maxilla - closed reduction	61J	61J	\$3.00
D7730 or 07730 or CPT	Mandible - open reduction	61J	61J	\$3.00
D7740 or 07740 or CPT	Mandible - closed reduction	\$1,441.93	\$1,358.34	\$3.00
D7750 or 07750 or CPT	Malar and/or zygomatic arch - open reduction	61J	61J	\$3.00
D7760 or 07760 or CPT	Malar and/or zygomatic arch - closed reduction	61J	61J	\$3.00
D7770 or 07770 or CPT	Alveolus - stabilization of teeth, open reduction splinting	61J	61J	\$3.00
D7780 or 07780 or CPT	Facial bones - complicated reduction with fixation and multiple surgical approaches	61J	61J	\$3.00
<b>Reduction of Dislocation and Management of Other TMJ Dysfunctions:</b>				
D7810 or 07810 or CPT	Open reduction of dislocation	61J	61J	\$3.00
D7820 or 07820 or CPT	Closed reduction of dislocation	\$419.51	\$152.15	\$3.00
D7830 or 07830 or CPT	Manipulation under anesthesia	61J	61J	\$3.00
D7840 or 07840 or CPT	Condylectomy	61J	61J	\$3.00
D7850 or 07850 or CPT	Surgical discectomy; with/without implant	61J	61J	\$3.00
D7860 or 07860 or CPT	Arthrotomy	\$2,192.57	\$2,010.45	\$3.00
D7871 or 07871 or CPT	<b>Non-arthroscopic lysis and lavage</b>	\$207.00	\$195.00	\$3.00
W7995	Initial consultation, TMJ (TMJ multi-disciplinary evaluation program use only)	\$58.46	\$55.07	\$3.00
W7996	Follow-up consultation, TMJ (TMJ multidisciplinary evaluation program use only)	\$42.09	\$39.65	\$2.00
W7998 or CPT	TMJ assistant surgeon	61J	61J	\$3.00
<b>Repair of Traumatic Wounds:</b>				
D7910 or 07910 or CPT	Suture of recent small wounds up to 5 cm	\$84.03	\$79.16	Not applicable

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# Oral and Maxillofacial Surgery Services

Procedure Code	Description of Service	FY 00 Children's Max Fee (0-20 yrs)	FY 00 Adult Max Fee (21+ yrs)	FY 00 Copayment (18 yrs +)
<b>Complicated Suturing (Reconstruction Requiring Delicate Handling of Tissues and Wide Undermining for Meticulous Closure):</b>				
D7911 or 07911 or CPT	Complicated suture - up to 5 cm	\$247.23	\$197.79	Not applicable
D7912 or 07912 or CPT	Complicated suture - greater than 5 cm	\$351.42	\$223.32	Not applicable
<b>Other Repair Procedures</b>				
D7940 or 07940 or CPT	Osteoplasty - for orthognathic deformities	\$2,370.37	\$2,290.02	\$3.00
D7950 or 07950 or CPT	Osseous, osteo-periosteal, or cartilage graft of the mandible or facial bones - autogenous or nonautogenous, by report	\$501.25	\$501.25	\$3.00
D7960 or 07960 or CPT	Frenulectomy (frenectomy or frenotomy) - separate procedure	\$153.03	Not applicable	\$3.00
D7970 or 07970 or CPT	Excision of hyperplastic tissue - per arch	\$195.97	\$160.55	\$3.00
D7980 or 07980 or CPT	Sialolithotomy	61J	61J	\$3.00
D7991 or 07991 or CPT	Coronoidectomy	\$1,060.61	\$1,060.61	\$3.00
D7997 or 07997 or CPT	<b>Appliance removal (not by a dentist who placed appliances), includes removal of archbar</b>	\$50.95	\$48.00	\$2.00
D7999 or 07999 or CPT	Unspecified oral surgery procedure, by report	61J	61J	\$3.00

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# Orthodontic Services

Procedure Code	Description of Service	FY 00 Children's Max Fee (0-20 yrs)	FY 00 Adult Max Fee (21+ yrs)	FY 00 Copayment (18 yrs +)
D8010	Limited orthodontic treatment of the primary dentition	61J	Not applicable	\$3.00
D8020	Limited orthodontic treatment of the transitional dentition	61J	Not applicable	\$3.00
D8030	Limited orthodontic treatment of the adolescent dentition	61J	Not applicable	\$3.00
D8040	Limited orthodontic treatment of the adult dentition	61J	Not applicable	\$3.00
D8050	Interceptive orthodontic treatment of the primary dentition	61J	Not applicable	\$3.00
D8060	Interceptive orthodontic treatment of the transitional dentition	61J	Not applicable	\$3.00
D8070	Comprehensive orthodontic treatment of the transitional dentition	61J	Not applicable	\$3.00
D8080	Comprehensive orthodontic treatment of the adolescent dentition	61J	Not applicable	\$3.00
D8090	Comprehensive orthodontic treatment of the adult dentition	61J	Not applicable	\$3.00
08110	Removable appliance therapy, minor treatment for tooth guidance	61J	Not applicable	\$3.00
08120	Fixed appliance therapy, minor treatment for tooth guidance	61J	Not applicable	\$3.00
D8210 or 08210	Removable appliance therapy	61J	Not applicable	\$3.00
D8220 or 08220	Fixed appliance therapy	61J	Not applicable	\$3.00
08360	Interceptive orthodontic treatment, removable appliance therapy	61J	Not applicable	\$3.00
08370	Fixed appliance therapy, interceptive orthodontic treatment	61J	Not applicable	\$3.00
08560	Monthly treatment - comprehensive orthodontic treatment - permanent dentition, Class I malocclusion	61J	Not applicable	\$3.00
08570	Monthly treatment - comprehensive orthodontic treatment - permanent dentition, Class II malocclusion	61J	Not applicable	\$3.00
08580	Monthly treatment - comprehensive orthodontic treatment - permanent dentition, Class III malocclusion	61J	Not applicable	\$3.00
08650	Monthly treatment of atypical or extended skeleton cases, orthodontic	61J	Not applicable	\$3.00
D8670	Periodic orthodontic treatment visit (monthly adjustments)	61J	Not applicable	\$3.00
D8680	Orthodontic retention (removal of appliances, construction and placement of retainer)	61J	Not applicable	\$3.00
D8692	Replacement of lost or broken retainer	61J	Not applicable	\$3.00
W7910	Examination, models, consultation - orthodontic	\$59.04	Not applicable	\$3.00
W7920	Initial orthodontic treatment - banding service	61J	Not applicable	\$3.00
08750	Post-treatment stabilization	61J	Not applicable	\$3.00

KEY: 61J - This code is manually priced for reimbursement of dental services.

## Adjunctive/General Services

Procedure Code	Description of Service	FY 00 Children's Max Fee (0-20 yrs)	FY 00 Adult Max Fee (21+ yrs)	FY 00 Copayment (18 yrs +)
<b>Unclassified Treatment:</b>				
D9110 or 09110	Palliative (emergency) treatment of dental pain - minor procedure	\$23.41	\$23.41	Not applicable
<b>Anesthesia:</b>				
D9220 or 09220	General anesthesia	\$114.24	\$107.62	\$3.00
D9241 or 09240	Intravenous sedation /analgesia	\$108.22	\$101.95	\$3.00
D9248 or 09248	<b>Non-intravenous conscious sedation (oral conscious sedation)</b>	\$100.85	\$95.00	\$3.00
<b>Professional Visits:</b>				
D9420 or 09420	Hospital call	\$95.46	\$89.93	\$3.00
<b>Miscellaneous Services:</b>				
D9910 or 09910	Application of desensitizing medicament	\$17.75	\$16.63	\$1.00